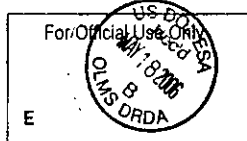


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>15019</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / 2005 Through: <u>12</u> / <u>31</u> / 2005
3. Name and address of person filing. Name <u>Tom</u> <u>I</u> <u>Csekey</u> P.O. Box, Bldg., Room No., if any _____ Street <u>2428-19th Avenue</u> City <u>Oakland</u> State <u>California</u> ZIP Code + 4 <u>94606</u>	4. Name, file number, and address of labor organization. Name <u>SEIU Local 1877</u> Labor Organization File Number <u>521-001</u> P.O. Box, Building and Room Number, if any _____ Street <u>1247 W 7th Street</u> City <u>Los Angeles</u> State <u>California</u> ZIP Code + 4 <u>90017</u>
5. Position in labor organization. <u>1st Vice President</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed	On <u>5/11/06</u> Date	<u>510-634-8439</u> Telephone Number

Name of Person Filing Tom Csekey	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Pacific Union Dental</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1390 Willow Pass Road</p> <p>City Concord</p> <p>State California ZIP Code + 4 94520</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name General Employees Trust Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 642 Harrison Street, Ste., 306</p> <p>City San Francisco</p> <p>State California ZIP Code + 4 94107-1351</p>	<p>11.a. Nature of such dealing.</p> <p>I was hosted to dinner and a NBA Basketball Game on March 31, 2005</p> <p>11.b. Approximate dollar value of such dealing. \$208</p> <p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount.</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing Tom Csekey

File Number U-

Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name Pacific Union Dental

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1390 Willow Pass Road

City Concord

State California

ZIP Code + 4 94520

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name General Employees Trust Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 642 Harrison Street, Ste., 306

City San Francisco

State California

ZIP Code + 4 94107-1351

11.a. Nature of such dealing.

I was hosted to a dinner and NBA Basketball Game on April 7, 2005

11.b. Approximate dollar value of such dealing.

\$223

12.a. Nature of interest held or income received.

12.b. Amount.

Name of Person Filing Tom Csekey

File Number U-

Part B Continuation Page

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☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name General Employees Trust Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 642 Harrison Street, Ste. 306

City San Francisco

State California ZIP Code + 4 94107-1351

11.a. Nature of such dealing.

I was hosted to dinner and a Baseball Game on April 13, 2005

11.b. Approximate dollar value of such dealing.

\$58

12.a. Nature of interest held or income received.

12.b. Amount.